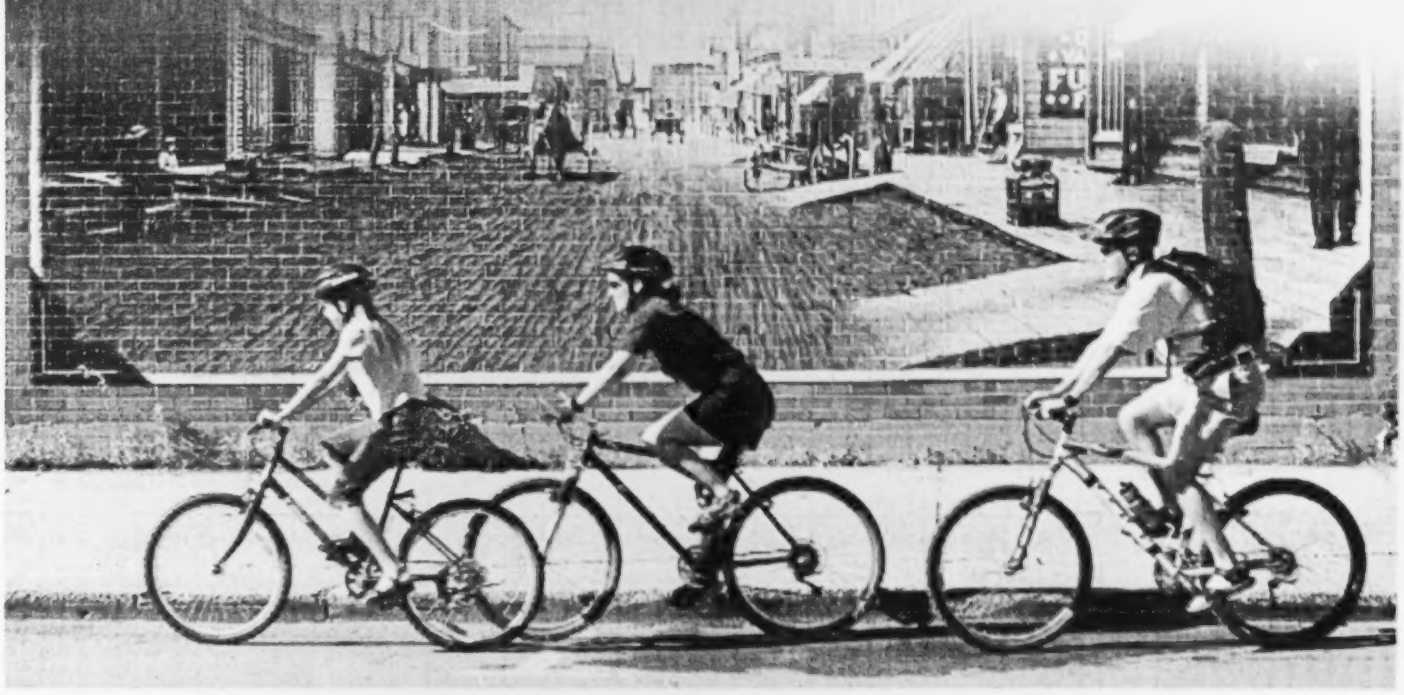
East Prince Health

East Prince Health *Annual Report*

2002-2003



Contributing to a brighter and healthier future for families, individuals and communities.

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Message from the Board Chair

I am pleased to present you with the 2002-2003 annual report of East Prince Health. This has been my second year as chair of the East Prince Health Board.

The health of our community continues be the main focus of the Board. Research has demonstrated that our community can achieve better health through improved personal lifestyles. While the Board recognizes that there are numerous determinants of health, there has been a concentrated effort to encourage our community to make better lifestyle choices with wellness activities specific to exercise diet and smoking sensation.

A tremendous thank you to each East Prince Health Board member for your time, talent and contributions. Nine members, comprised of both elected and appointed positions, represent the five zones of East Prince Health. The role of the Board is to ensure the vision and directions taken in the region reflect the present and future needs of the citizens. It is also our role to report to and work with the Government of Prince Edward Island to ensure the region's goals are in line with overall health strategies of the Province. In turn, we are advocates in ensuring government members establish health polices that reflect the needs and desires of our health region and respective communities.

Respectfully submitted, Dr. Allen MacLean, Board Chair

East Prince Health Board of Directors

Back row (left to right): Melinda Mulligan, Bedeque; Dr. Allen MacLean, Chair, Summerside; Blanche Maynard, Tyne Valley; Doreen Gunn, Vice-Chair, Summerside; Barry Murray, Kensington.

Front row (left to right): Henri Gallant, Wellington; Elmer Williams, Summerside; Gertrude Trainor, Kinkora; Carol Peters, Summerside.

Message from the Chief Executive Officer

This report is a reflection of the successes, celebrations and challenges of East Prince Health (EPH) for the year April 1, 2002 to March 31, 2003. Over the past year, several changes have been made within the administration and operational systems of EPH with the formation of the Provincial Health Services Authority (PHSA) by the Department of Health and Social Services. In an effort to simplify reporting for this fiscal year, financial statements, statistical data and program and service descriptions have been reported using the traditional organizational structure of the region.

These structural changes are an opportunity for East Prince Health to focus on meeting the primary care objectives of the provincial health system as well as the targets set out in our own regional strategic plan and East Prince Health mission. In this way, we are increasing our efforts in areas such as healthy child development; working to ensure seniors are healthy and remain in the community as long as possible; and heightening our ability to partner with the community to overcome key community health issues.

With restructuring, staff have experienced extensive evaluation of services as well as realignment of team structures and service continuums. Staff have also provided valuable feedback as part of our evaluation process to capture the challenges and successes of restructuring and to promote further and purposeful change. Thank you to all staff, physicians and volunteers for your dedication to this process and for working diligently to ensure service delivery remains as seamless as possible.

Recruitment of nurses as well as social workers, speech language pathologists, pharmacists and medical laboratory technologist continues to be one of our greatest challenges. In partnership with the PEI Public Service Commission, a recruitment campaign continues. Special thanks to all staff for their continued cooperation and hard work.

I would also like to acknowledge the dedication of former Chief Executive Officer, David Riley in moving our vision for a healthier community and workplace forward in the region. Dave has moved to provincial government as deputy minister of the Department of Heath and Social Services where we know he will continue to advance the vision.

The successes that we are achieving in health are inspiring, but the bigger excitement lies in the possibilities and the future. In challenging times, government, health regions and the community must work together to find solutions, overcome challenges and operate in a respectful environment where open, honest dialogue is encouraged and used to the benefit of all. The ultimate goal is better health for Island residents which, in turn, will relieve pressure on our health care system.

Respectfully submitted, Katherine Kelly, Interim Chief Executive Officer

East Prince Health Mission Statement

East Prince Health will support and encourage individuals, families, and communities to attain and maintain their best possible health.

In order to accomplish this mission, East Prince Health has three distinct areas of responsibility:

Quality Health and Social Services

Appropriate to their need, people will receive health and social services that make a difference to their quality of life:

- people will have access to an integrated system of quality health and social services;
- people will be treated with dignity and respect while receiving services;
- people will know about available services and how to access them.

Education and Information

People will understand:

- the broad definition of health;
- the broad determinants which affect health;
- how to take responsibility for their own health;
- how to use the health system appropriately.

Partnering for Health

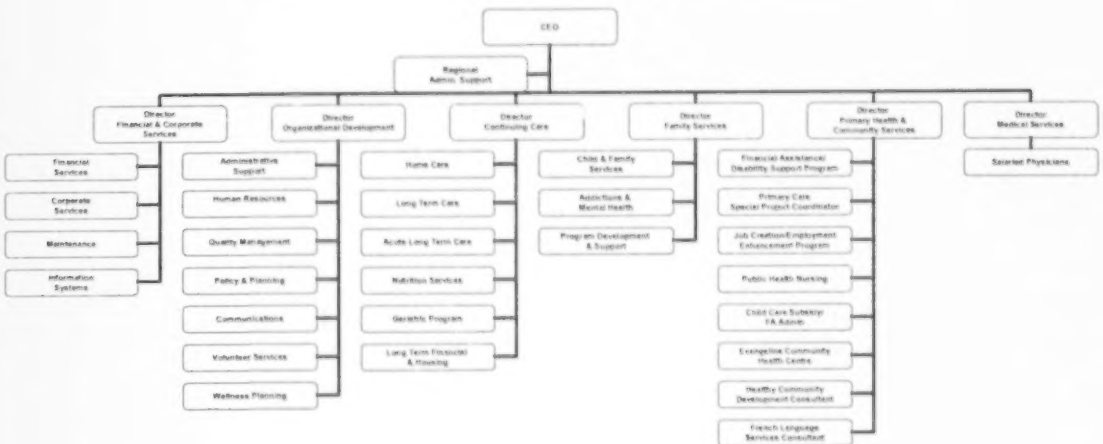
Partnerships in Service

- People will have access to an integrated system of quality health and social services as a result of East Prince Health partnering with other health and social services providers.

Partnerships for a Healthier Community

- Individuals, families, and communities will be as healthy as possible as a result of East Prince Health partnering with others to positively affect the determinants of health.

East Prince Health – Organizational Structure



(Revised September 2003)

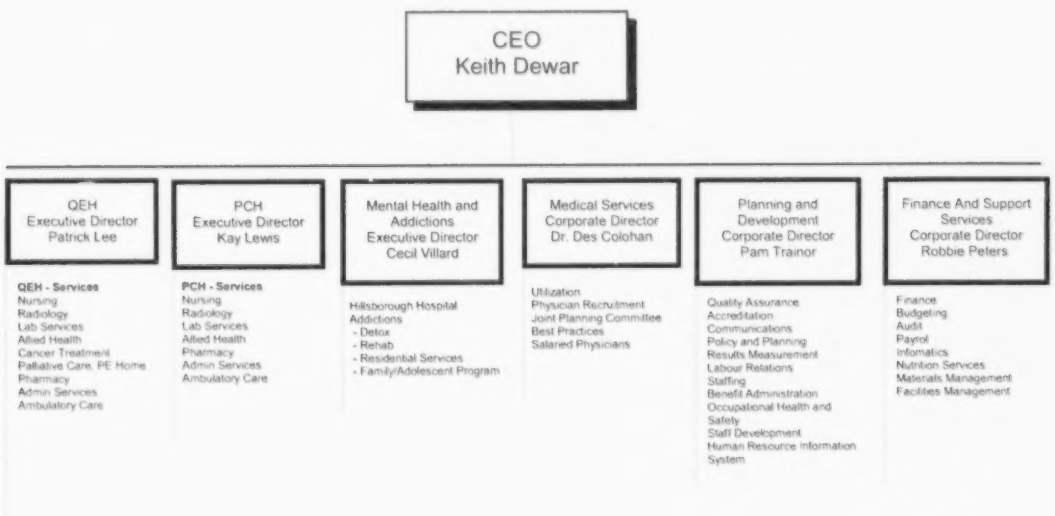
Provincial Health Services Authority

The Provincial Health Services Authority (PHSA) was announced by the Minister of Health and Social Services in April 2002 as part of a restructuring plan for the Prince Edward Island Health and Social Services system. As planning got underway to establish the PHSA, the programs and services which would become part of this organization's structure remained in the health region until PHSA became formally operational on December 8, 2002.

PCH
PRINCE COUNTY HOSPITAL

The role of the PHSA is to provide leadership in delivering secondary acute and specialized provincial services to improve the health and well-being of citizens. The creation of the PHSA brings the planning and delivery of these provincial acute and specialty services together under one organization with a clear focus on quality, access and improved planning and utilization of these services.

Provincial Health Services Authority Organizational Structure



Prince County Hospital – Acute Care Services

Prince County Hospital is a 113-bed acute care facility including a five-bed Intensive Care Unit. There is an additional four-bed observation unit within the Emergency Department, and day surgery and endoscopy units. Prince County Hospital (PCH) serves a primary population of 30,000 with a larger referral population of 75,000.

Purpose

To provide high quality ambulatory and secondary in-patient acute services to the people of Prince Edward Island.

Services

- Medical
- Surgical
- Obstetrical
- Pediatrics
- Psychiatry
- Oncology
- Ambulatory Care
- Clinical Support
- Consultative Clinics
- Emergency
- Diagnostic Imaging
- Endoscopy services
- Infection Control services
- IV Infusion Clinics
- Laboratory services
- Respiratory services
- ECG and Stress Testing
- Occupational Therapy
- Physiotherapy
- Mental Health Crisis Response Services

Resources

Human (full time equivalents)	341
Financial	$22,731,800

Some Results

Prince County Hospital Data by Year	1999-2000	2000-2001	2001-2002	2002-2003
Number of Inpatient Admissions	4,115	3,925	4,118	4,186
Number of Inpatient Days	31,937	30,791	28,934	30,214
Average Length of Stay	6	6	6	6
Number of Births	518	467	461	464
Number of Newborn Days	1,828	1,704	1,653	1,822
Average Length of Stay (Newborns)	3.16	3.62	3.57	3.76
Number of Emergency Room / Outpatient Visits	38,406	40,698	39,385	37,401
Number of Inpatient Surgeries	1,116	1,066	1,293	1,203
Number of Outpatient Surgeries	1,675	1,608	1,309	1,412
General Radiology Exams	18022	15,294	15,638	16,561
Ultrasound Exams	4,230	3,827	5,253	6,016
Mammography Screening	*3,533	*2,627	*2,956	2,455
Mammography Diagnostic	-	-	-	868
Total Exams	25,785	21,975	23,847	25,900
Number of volunteers / hours				113 / 5400
Laboratory Medicine tests	362,519	366,532	397,282	414,263

** Unable to provide breakdown of screening and diagnostic mammograms*

Most Common Reasons for Hospitalization 2002-2003			
By Number of Cases		**By Total Hospital Days Used**	
1. Newborns (> 2500 grams)	327	1. Other Factors	1509
2. Gastrointestinal / Digestive Disease	254	2. Other Specified Areas	1224
3. Childbirths (vaginal delivery)	247	3. Heart Failure	1156
4. Major Uterine / Adnexal Prolapse	172	4. Gastrointestinal / Digestive Disease	1010
5. Laparoscopic Cholecystectomy	124	5. Newborns (>2500 grams)	998

Ambulatory Care / Emergency

Two full-time social workers were hired for the Mental Health Crisis Response Service offered out of the PCH Emergency Department. The purpose of this service to provide appropriate assessment and discharge planning of patients who present to the Emergency Department with a mental health crisis. They work collaboratively within the multi disciplinary team within PCH and Community Mental Health. This service has certainly been an added asset/resource for patients who arrive for emergency services.

Also, in the triage (initial patient interview to determine level of illness) at the PCH Emergency Department, a SARS screening tool has been implemented and is completed on all persons presenting to triage. With the help of infection control nurse, protocols have been developed and staff training has been held concerning potential SARS cases at PCH.

Staff were pleased to have UPEI nursing students and nursing graduates involved in the hospital preceptor/mentoring program. They were a wonderful resource to the Emergency Department team.

Health Information Services

Health Information Services consists of health records, admitting and switchboard staff. This team provides accurate and timely information to support both clinical and management decision making. Staff provide health record services to both PCH and Stewart Memorial Hospital. PCH Health Information Services continues to provide quality service to the public, patients, physicians and staff. The workload is increasing as ambulatory services continues to expand. Staff have also been dedicating a lot of time to preparation for the move to the new hospital.

Health Records has been preparing for implementation of the National Ambulatory Care Reporting System (NACRS) and is expecting roll-out in the new fiscal period 2003-2004. Ambulatory Care is the fastest growing sector of the health care system in Canada. Many providers are shifting the emphasis of care from an inpatient to an outpatient basis. As ambulatory care continues to grow, the need for reliable and timely data is rising.

The number of patients registered through the Admitting Department at PCH for the fiscal year 2002-2003 was 49,909.

Medical / Surgery

In June, the Transfer, Lifting and Repositing (TLR) program, developed by the Saskatchewan Association of Health Organizations, started in the Medical and Surgery Units of the PCH as a pilot program. This program provides training to staff on safe methods of moving patients with the use of equipment and specialized techniques. The purpose of the program is to ensure patients are moved consistently in a way that is safe and best meets their needs, to decrease the risk to patients who are being moved and to reduce the number and severity of injury to staff resulting in moving patients. By teaching safe manual handling skills and providing knowledge and guidelines to nursing staff, the risks associated with transferring, lifting and repositioning

patients can be reduced.

PCH began the implementation process for a computerized system known as GRASP in October 2002. This workload measurement system provides an accurate description of required hours for the clinical care of patients as well as a description of required work to support the care of patients using accepted practices and standards of care within the organization. It is a useful tool for determining staff utilization and provides information in a universal language that can be used to aid decision making. Currently, there are two units (Surgery and Medical) with valid and reliable instruments. With these units in place, data can be submitted to a national database for analysis and used as a tool for decision making. There are three other units (Pediatrics, Psychiatry and ICU) that are working toward the validity component.

In December 2002, a team of staff and physicians completed three pacemaker insertions. This service is new to the PCH and is one of the many new technologies emerging as preparations are made for the transition to the new hospital. It is expected that between 10 and 20 such procedures will be carried out each year at the PCH.

New Prince County Hospital

A new facility to replace PCH is currently under construction and is expected to open in the fall of 2003. The facility is approximately 30 per cent larger than the existing PCH with a wide range of inpatient, outpatient and community-based health and wellness services. As of March 31, 2003, the building was approximately 75 per cent complete with occupancy expected in late November 2003.

New Hospital Equipment Procurement

The very successful Prince County Hospital Foundation capital campaign *Bring Good Health to Life* raised $13.3 million. This achievement has enabled hospital planners to equip the new hospital with an array of state-of-the-art equipment. Over the past year, in preparation for the move, equipment has been purchased to allow staff education and training to begin. One acquisition of note is new portable cardiac monitors for the Intensive Care Unit.

Several single vendor partnerships have allowed planners to establish a showcase hospital of the latest technology. Examples include a new diagnostic imaging suite that includes a 16-slice CT scanner and state-of-the-art ultrasound machines and a hospital cardiac monitoring system as a part of the partnership procurement from Royal Philips Electronics. Roche Labs are supplying all the lab equipment and are establishing themselves as an annual supporter of the foundation's annual golf tournament. Locally, HMS Office Supplies in collaboration with Global Furnishings will be supplying office and healthcare furnishings.

All of the equipment requiring installation has been purchased and planners are finalizing procurement of the major pieces for on-site installation.

Program Planning

This has been a year of transition for PCH and Facility Planning. With the announcement of the new Provincial Health Services Authority in April of 2002, the task then became a determination of what would remain with East Prince Health and what services and staff would move to PHSA including the majority of Prince County Hospital. Facility planning staff also assumed dual roles in administration of PCH as well as their facility planning roles.

Staff and managers have been busy planning for the move to the new hospital and have started to implement the initial stages of staffing approved for new programs. Such programs including Restorative Care and Ambulatory Care are in the final stages of planning and orientation sessions for staff and community have begun. A hospital-wide poster contest encouraged staff in each area to describe their programs for the new hospital. This proved to be a fun way to share information and learn about the ongoing work in each of the 28 areas originally described in the functional program.

Much time has also been dedicated to finalizing details in areas including telecommunications, bilingual signage, data migration and occupancy as well as move planning. Staff are to be commended for the commitment and diligence they continue to bring to the process. They are truly enthusiastic and proud to be a part of establishing this hospital for the community. Undertaking such activity on top of delivering quality health services on a day-to-day basis requires commitment beyond the norm. This project is truly a team effort and further exemplifies the fact that great things can happen when staff and communities work together with a common vision.

Organizational Development

Purpose

The purpose of Organizational Development is to provide programs and support processes which strengthen East Prince Health as a caring and quality client-focused learning organization by partnering with individuals, teams and communities to:

- recruit and retain appropriate human resources;
- promote and support a healthy environment; and
- influence and contribute to the strategic direction of East Prince Health.

Services

- Education
- Occupational Health & Safety
- Wellness
- Quality Management, including:
  Risk Management,
  Utilization Management, and
  Results Management
- HR Staffing and Administration
- Benefits, including Reward & Recognition
- Communications
- Policy and Planning
- Volunteers
- Labour Relations

Resources

Human (Full time equivalents)	13
Financial	$1,020,800

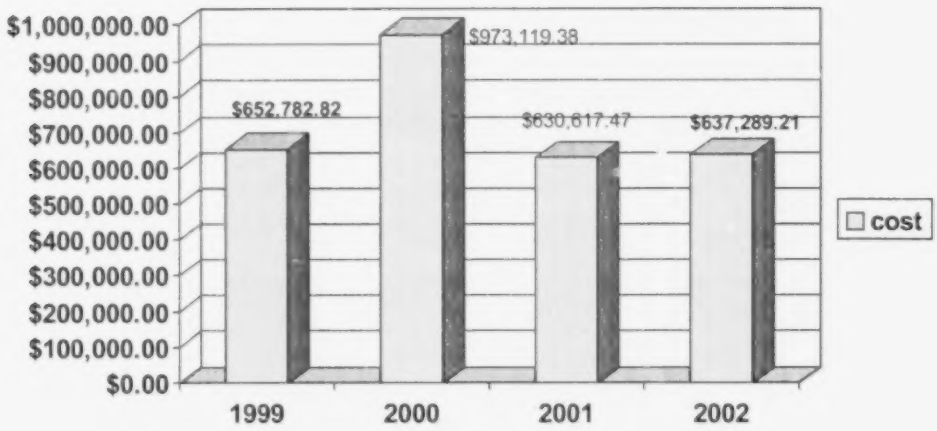
Program Performance

Current and planned measures

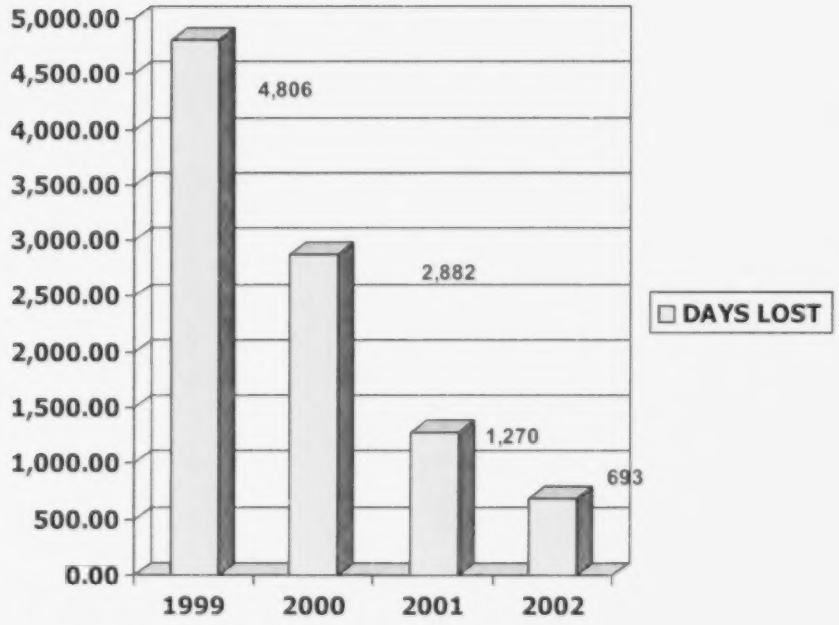
- percentage of staff attending education courses
- risk trending
- cost of workers compensation claims
- work days lost due to workplace injuries
- sick leave utilization
- workplace wellness survey results
- union grievance settlements
- orientation evaluations
- percentage of managers and supervisors with Frontline Leadership Training

Some Results

COST OF WCB CLAIMS



WORK DAYS LOST DUE TO WORKPLACE INJURY



Volunteer Services

Volunteers are dedicated citizens from teenage years to golden years who come from all walks of life. In total, 45 job descriptions exist for volunteer roles in the region including newly-designed roles at Addiction Services, Home Care and Prince County Hospital's Infusion Clinic, Medical / Surgery Floors and Obstetric Floor. New roles have also been designed for students who are wishing to pursue a career in health care.

Each year during Volunteer Week in April, special recognition events are held to celebrate the many contributions of volunteers. An event for reward and recognition in May 2002 for staff, physicians and volunteers saw eight individual volunteers and eight community partner organizations receive long term service recognition.

The need for volunteers is ever growing and the launch of a new recruitment campaign, *Ask a Friend* has a goal to attract 75 new volunteers in 2003-2004. With a new volunteer management computer program in place, maintaining volunteer information between five proposed work sites; Volunteer Services office, Wedgewood and Summerset Manors, Stewart Memorial Hospital and Prince County Hospital is now more efficient.

As part of the health care team, volunteers contribute to the well-being of people served by EPH and promote volunteering as part of a healthy lifestyle for themselves, their family and community.

Highlights

- 83 people made an inquiry to become a volunteer in 2002-2003.
- Over 700 volunteers are registered with the Volunteer Service Program, including 67 students.
- 20 volunteers received new training for Friendly Visitation, including those who visit residents in long term care, clients of Home Care and patients in hospital.

Education

East Prince Health promotes and encourages continuous learning to assist employees and managers in maintaining and enhancing their skills and knowledge. Based on identified learning needs, 73 education opportunities were made available this year. Attendance has, again this year, been a challenge for staff and managers due to heavy workloads and transition demands.

The Basic Cardiac Life Support program continues to be offered for front-line health care staff and others. For the first time this spring, foster parents of Child and Family Services received this training.

Highlights

- 73 education opportunities were made available through the education calendar.
- 114 staff attended a new information session on supplementary pension and investment offered in partnership with a local financial advisor.
- EPH general orientation numbers were up to 116 participants.

Human Resource Recruitment

Recruitment of health professions is a major concern and one that receives ongoing attention. Provincial and regional efforts to recruit a number of professionals has met with some success, although recruitment will remain a challenge into the future. The *Health Care Futures* program offers students, graduating from high school or in first or second year university, an opportunity to work in a health-related field of interest. In summer 2002, 32 students were on staff. As well, the Bachelor of Nursing Student Employment program employed 11 BN2s and six BN3s for 12 weeks of hands-on experience.

With restructuring changes, there has been an increase in posted job opportunities and hiring. In response to this, resumé and interview preparation sessions were organized by the PEI Public Service Commission and the orientation agenda was evaluated and revised to reflect changes within the PHSA and EPH.

Promoting a Healthy Work Environment

As Canadian employers compete in a global market, it will become increasingly necessary that they embrace work site wellness and health promotion with priority status.

National Wellness Survey Report - Buffett Taylor

The need for maintaining a healthy workplace and supporting employees to take care of their personal health has become an increasingly important and strategic priority of EPH. Factors such as an aging workforce, attraction and retention and heavier workloads make it necessary to incorporate workplace health into the culture of the organization.

The data gathered from a Health Canada workplace health survey conducted a couple of years ago is still being used to make decisions and create responsive programs which relate to the needs of the organization and the interests of the employees. A three-year strategy is in place that addresses three elements of workplace health: physical environment, personal health practices and social environment. A balance of wellness initiatives are aligned with these areas and are constantly changing and evolving to respond to the demands of a busy and diverse workforce. Some of them include pedometer challenges, healthy eating noontime series, wellness checks, success over stress workshops, personal development workshops, wellness days, wellness boards as well as newsletters and recognition activities that boost morale. A Shifting to Wellness program that promotes healthy lifestyles for shift workers and their families is presently being piloted.

The wellness strategy at EPH strives to stay focused on the changing needs of staff, physicians and volunteers while supporting them in achieving the health outcomes they desire for a quality lifestyle.

Quality Management

East Prince Health is dedicated to providing quality service to the community which it serves. One achievement in this quest for quality is the development of an organizational balanced scorecard. This tool has been used by various industries to track, monitor and manage performance. EPH has received both provincial and national recognition with several invitations to present on this development. It is anticipated that as the balanced scorecard is developed further, it will become a major communication and accountability vehicle for internal use and with the community. The main areas which are monitored include:

System Responsiveness How well East Prince Health anticipates and responds to changes in the needs and expectations of the client and / or community population and to changes in the environment.	**System Competency** East Prince Health consistently provides service(s) in the best possibly way, given the current and evolving state of knowledge. The organization achieves the desired benefit for clients and / or communities, with the most cost-effective use of resources.
Worklife East Prince Health provides a work atmosphere conducive to performance excellence, full participation, personal / professional and organizational growth, health, well-being and satisfaction.	**Client** East Prince Health strengthens its relationship with the client and/or community. The organization does this by encouraging community participation and partnerships in its activities.

Continuing Care

Purpose

Continuing Care of EPH provides clinical, residential, community hospital and support services to seniors aged 60 years and older and for individuals under 60 years who have special functional and/or community needs and who reside in East Prince. These services assist clients in attaining and maintaining optimal health.

The program practices a philosophy of identifying and prioritizing needs and building on strengths and supporting deficits in an integrated approach to service delivery. This maximizes the capacity for quality of life experiences in an environment of respect, dignity and compassion.

Program Service Areas

Leadership responsibility for this program consists of a program director and a team of managers from the following services:

- Home Care and Support
- Housing
- Provincial Geriatrician Program
- Nutrition and Diabetes Services
- Stewart Memorial Hospital
- Summerset Manor
- Wedgewood Manor
- Palliative Care

Resources

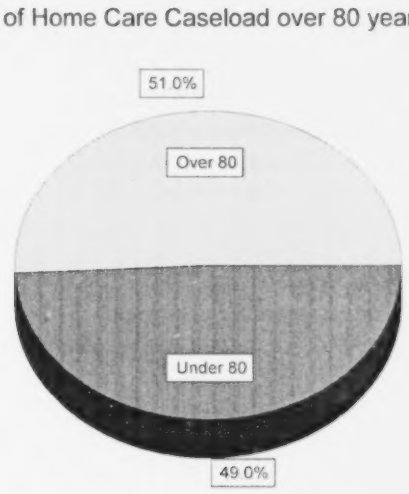
Human (Full Time equivalent)	223
Financial	$14,214,300

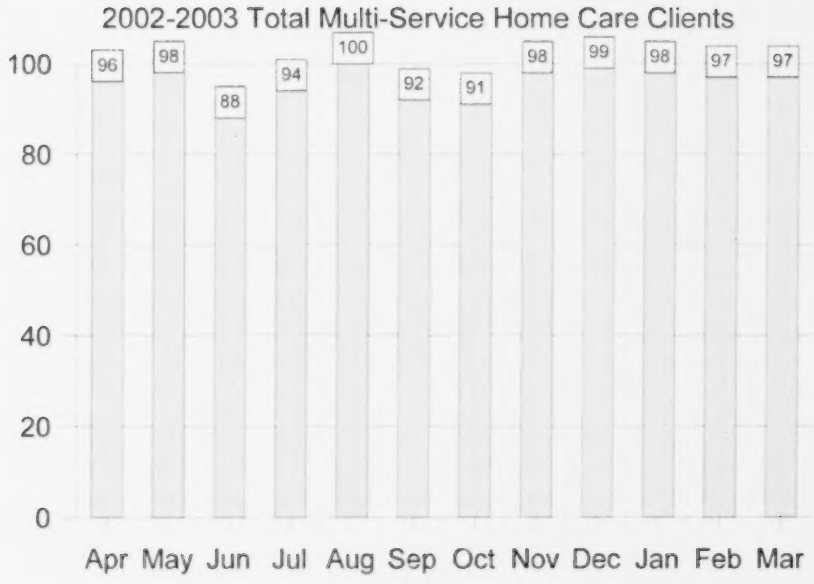
Program Performance

Current and planned measures

- access to loan equipment
- wait time for geriatrician program
- incident report trending
- satisfaction surveys
- home versus hospital days (palliative care)
- wait time for long-term care placement
- total multi-serviced home care clients
- per cent of home care caseload over 80 years of age.
- total referrals from all regions to geriatrician program

Some Results





Nutrition and Diabetes Services

Nutrition Services offers the support of registered dietitians who provide appropriate services to benefit the health of clients in the region. Food service operations are planned and co-ordinated regionally. EPH employs a dietitian who works in long term care and home care providing assessment, education and counseling services. Community dietitians provide individual counseling and group sessions so the community can achieve and maintain health through nutrition.

Nutrition Services has developed a partnership with UPEI whereby students who are training to become dietitians work closely with registered dietitians, supervisors and front line staff as part of the university's integrated internship program. This year, two students received placements with the region.

In November 2002 , EPH in conjunction with West Prince Health implemented a county model of service delivery for diabetes programming. This program is part of a provincial initiative to expand services across the province . Each county has a multi-disciplinary team composed of a nurse and dieticians trained specifically in diabetes education and management. The purpose of the program is to address the need to prevent, minimize and/or delay complications associated with this chronic disease and the increasing number of clients diagnosed.

During the past year, approximately 13,500 meals on wheels were delivered from Summerset Manor, Wedgewood Manor and Stewart Memorial Hospital to residents in the community. This community outreach is coordinated in partnership with community volunteers.

Home Care Services

Over the past year, the Home Care team has seen the implementation of case management and care coordination. With this new approach, three staff members work 50 per cent of their hours as care coordinators. Staff attended provincial training with other regional home care teams to support this undertaking. Plans are to further increase client and provider satisfaction by strengthening coordination of care and client participation in decision making, while reducing duplication and improving accountability. Staff have worked with other members of the continuing care team to broaden access to the Chapman Day Program with all referrals coming through Home Care. This year, Home Care team members have seen another increase in the referrals. Most specifically, adult protection, respite care and assessment. There has also been a noted increase in the numbers and acuity of clients requiring daily service for both personal care and treatments such as dressing changes.

Staff have assisted in expanding the regional palliative care program by working with the bereavement follow-up program. In this way, families are identified through the palliative care program. Community volunteers are matched and coordinated by the community support worker. In an effort to support the continued development of the regional palliative care program in other care settings of EPH, Home Care staff are providing clinical information education in conjunction with Continuing Care and PHSA staff.

Highlights

- Caseload for Home Care Services has increased to about 450 clients.
- Monthly caseload turnover averages 113 admissions and discharges.

Stewart Memorial Hospital

Stewart Memorial Hospital (SMH) is a combined acute/long-term care multipurpose facility located in Tyne Valley, 35 kilometres west of Summerside. Categories of care provided include; acute, convalescent, respite, palliative and long-term care as well as 24 hour emergency and out-patient services provided by an inter-disciplinary team of care givers.

Since June 2002 five of the combined convalescent and respite beds have been closed as a direct result of a nursing shortage. Because of this, EPH is conducting a reevaluation exercise in concert with SMH staff, physicians and the community to ensure that services provided can be sustained over time.

Summerset Manor and Wedgewood Manor

Staff education and development has been the focus for the past year. Priority areas have included:

- the Transferring, Lifting and Repositioning (TLR) program designed to prevent injuries and minimize risk to the residents;
- a regional and on-site injury prevention committee established to act as a resource and provide guidelines as a follow-up to the TLR program; and
- the Non-Violent Crisis Intervention program established to educate staff in identifying and responding appropriately to escalating and potential crisis situation.
- In addition, the Regional Palliative Care Program was extended to long-term care with education sessions provided for registered nurses on pain and symptom management.

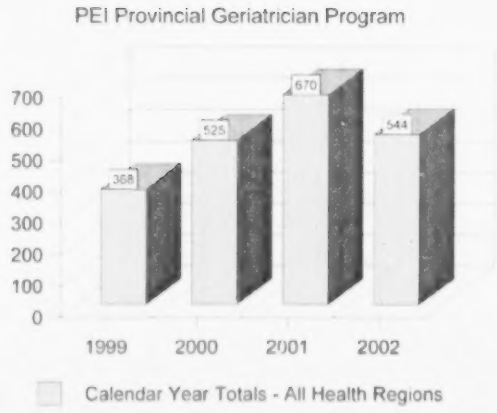
Other initiatives that have been implemented at the manors include TB testing for staff as a preventative measure and the installation of hand sanitizers in resident rooms and throughout the manor with an emphasis on good hand washing technique.

There has also been a redesign of the Chapman Day Program to include principles of primary health care. The community program offers a variety of services from the Summerset Manor that include respite care and socialization activities.

At Summerset Manor, staff have painted a large mural in the main dining room to reflect Island scenes of the past and present. Thanks to funds raised, a new portable palliative care cart has been purchased and outfitted with comfort items for residents and families. Quilts, curtains and lamps have also been added to the respite room and a flower garden has been planted in the courtyard for the viewing pleasure of residents.

Housing

The program provides 298 units for seniors in East Prince as well as support to the local family housing board for low income housing in the region. Tenants are selected on the basis of need which is determined by a point rating system. When assessing need, consideration is given to a person's income, assets, health, present accommodations, age, and length of time application has been on file. This year, there were 69 new applicants for apartment units and 41 placements. Joint funding is provided by federal and provincial governments.



Provincial Geriatrician Program

The Provincial Geriatrician Program provides a comprehensive consultative assessment and educational service to the senior population and their care providers. It addresses concerns of the frail elderly who are experiencing difficulties with memory, physical frailty, depression, mobility and handling finances and medications. There continues to be a steady increase in the number of referrals from family physicians across the province.

The program provided a learning environment for one fourth year UPEI nursing student and several medical students from Dalhousie University.

Palliative Care Program

Established in 2000, the palliative care program continues to grow and develop as a joint effort of East Prince Health and the Prince County Hospital. An inter-disciplinary resource team of professionals with enhanced training in palliative care is available to provide advice and support to health professionals and volunteers involved in the palliative care of patients and their families registered with the program.

Highlights

- 51 clients and families were admitted to the palliative care program in 2002/2003.
- To-date, over 180 persons have received palliative care support within this integrated team approach to service delivery.

Family Support Services

Purpose

The programs of the Family Support Services Division, along with community partners, provide clinical, protective and support services which address addictions, mental health and child protection issues for individuals and families in East Prince, so that communities are inclusive, healthy and safe.

Services

Child & Family

- Child protection
- General counselling
- Foster care
- Adoption
- Homemaker services
- One-on-One Services for children/youth
- Special child care arrangements
- Family Focus

Community Mental Health

- Psychotherapy - individual/couple/family
- Psychiatric consultation, assessment and pharmacological management
- Psychological testing and developmental assessment
- Neuroleptic Injection Program

Addictions

- Primary Care (detoxification)
- Intermediate Care (rehabilitation)
- Aftercare Program
- Family Care
- Extended Care

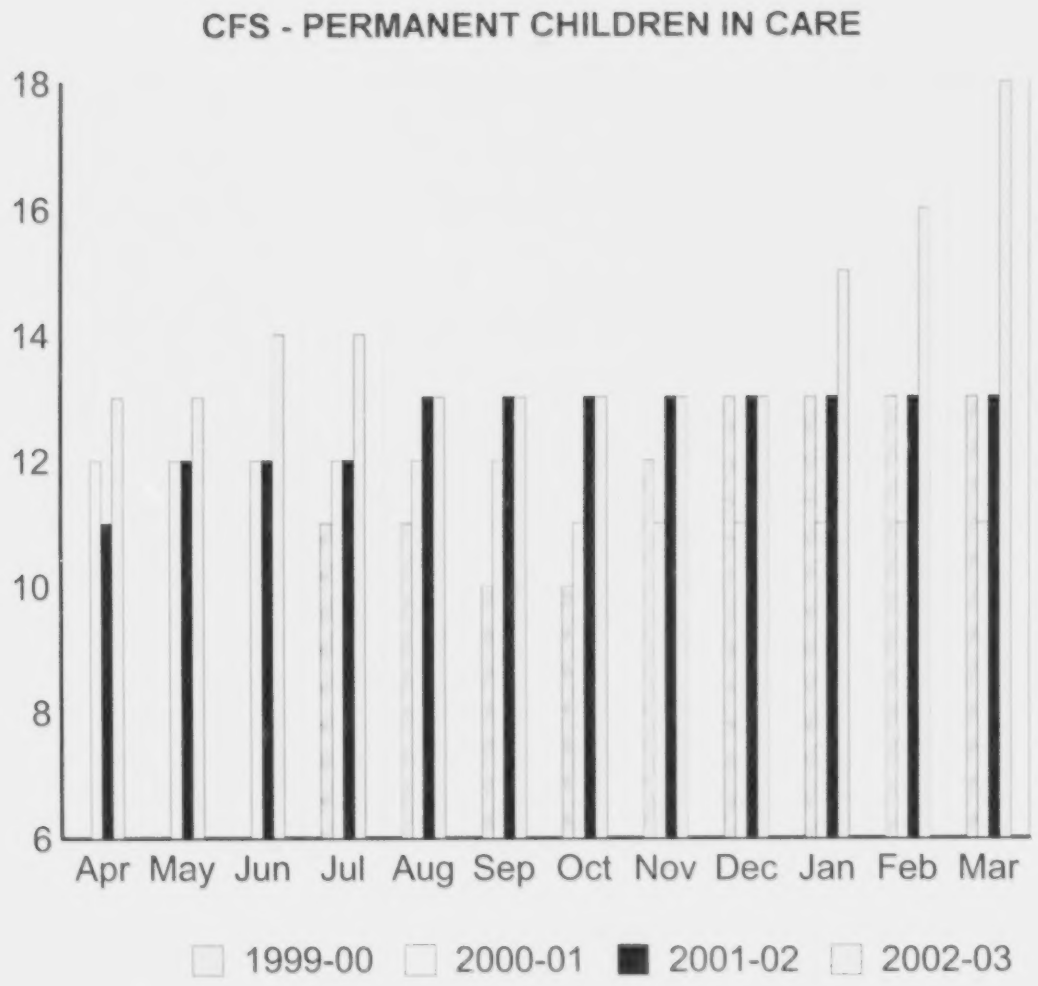
Resources

Human (full time equivalents)	66
Financial	$4,416,300

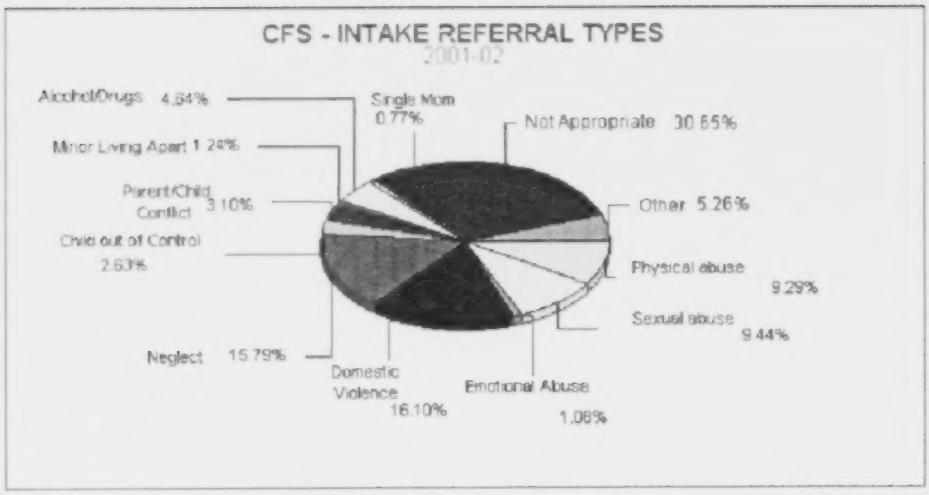
Program Performance

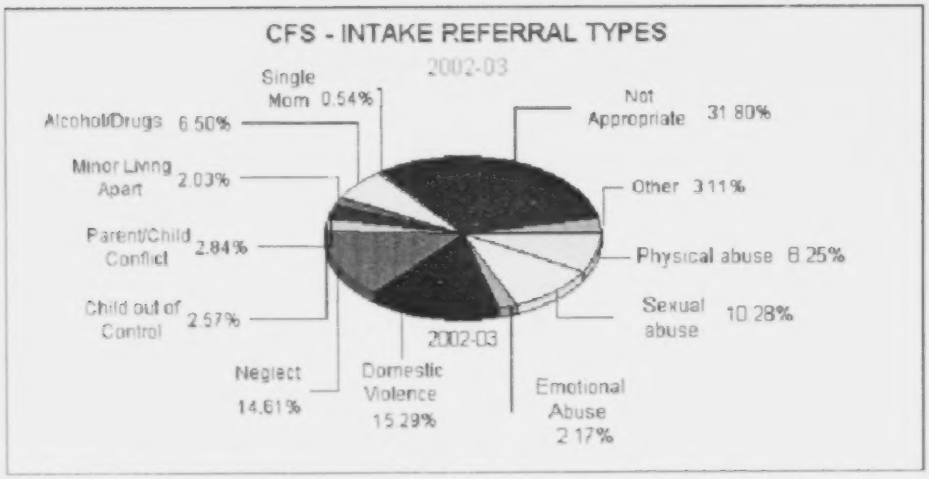
Current and planned measures

- Percentage of child protection referrals appropriately responded to within time frames of 24 hours or seven days.
- Percentage of child protection investigations effectively completed within 30 working days.
- Percentage of children in care with placement changes.
- Percentage of children in care with permanency plan.
- Percentage of families investigated for child protection needs which do not warrant opening of child protection service.
- Percentage of clients seen at community mental health who are assessed with "concurrent disorders" with addiction services.
- Percentage of 65 year old citizens accessing mental health outreach program.
- Number of patient days at Prince County Hospital for Mental Health Outreach clients.


CFS - PERMANENT CHILDREN IN CARE
18
16
14
12
10
8
6
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
1999-00
2000-01
2001-02
2002-03

Some Results





Child and Family Services

The past year has been one of significant change for Child and Family Services. A complete reorganization of organizational structure has occurred. The positions of manager and development and support consultant have been created and all child protection workers are now combined into a single team under one supervisor. Structural changes have also occurred within the Resource and Administration Teams. The overall goal was to provide for a more effective and efficient service our clients.

As well, it has been a year of preparation for the enactment of a new Child Protection Act in the spring of 2003. The aim of the new act is to bring more clarity and focus around services to the community through clear time frames for response, refined documentation and new court practice standards. Community partnerships continue to be strengthened with police services, the education system as well as Transition and Support Services.

In keeping with provincial and regional priorities supporting healthy child development and early intervention, Child and Family Services in our region is now a partner with the Best Start Program. We continue to be actively involved with Kids R First, as well as early childhood development professionals through educational sessions and ongoing consultation.

New partnerships are important to assist with identified needs in the community. For example, the YMCA Equipped to Learn program, supported by donations from the community and local businesses, provides school supplies for children receiving our services. This program helps to support a positive beginning to the new school year. As well, both the local Kinettes and YMCA provide Care Kits with personal and comfort items for children of all ages coming into care.

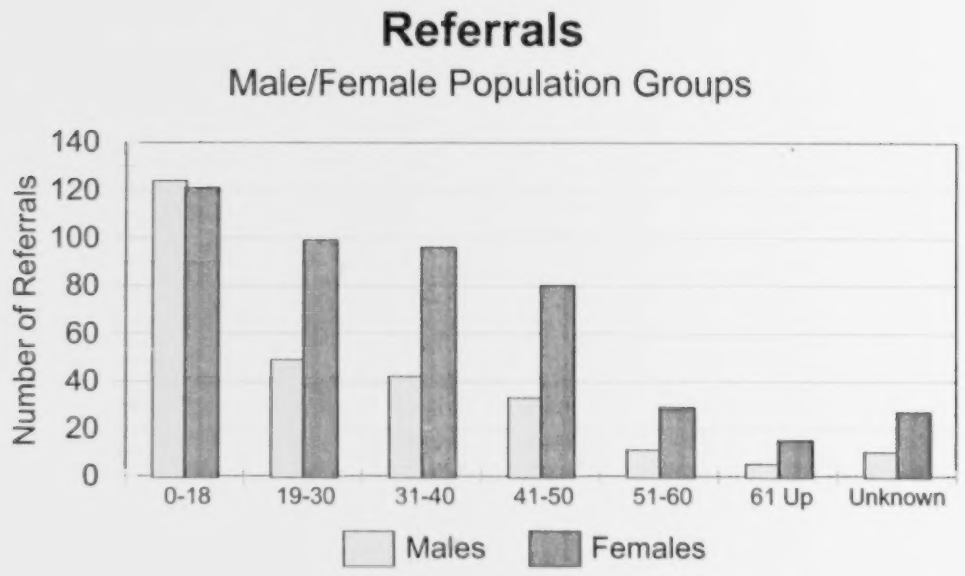
In an effort to evaluate and improve the effectiveness of our services, Child and Family has developed a strong technological database to gather and assess information. With the move to evidence based outcomes and regional results indicators, this database has been further enhanced. A sample of collected measurements includes response time to referrals for service and the number of placement changes for children in care.

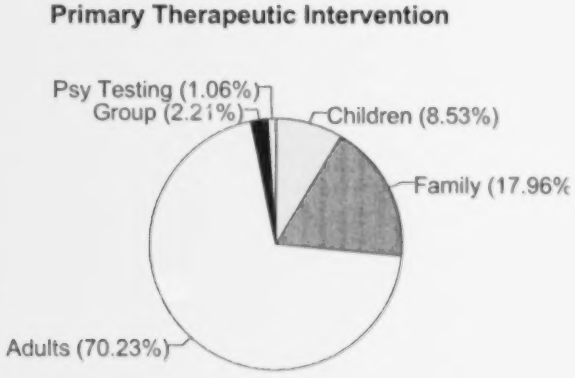
The ability to meet the needs of children and youth with exceptional needs is an ongoing challenge for East Prince Health and for child protection services across the province.

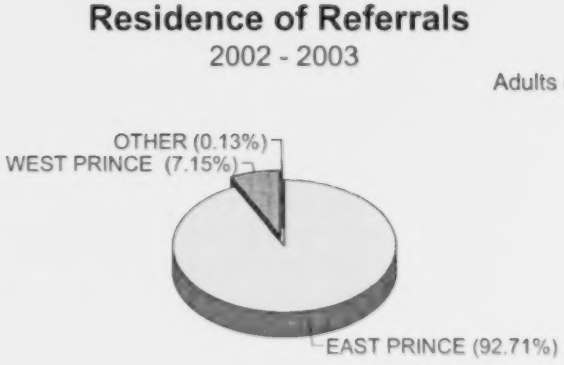
Community Mental Health

The purpose of this service is to provide community-based assessment, treatment, consultation, and follow up services to those individuals who are currently experiencing a range of mental health problems. The main function is to offer early intervention and secondary prevention services targeted to individuals already experiencing mental distress.

Some Results







Addictions Services

The philosophy of Addiction Services is that addiction treatment should be family-centered and that dependency on alcohol and other drugs is a disease prone to relapse and one that is progressive, chronic and potentially fatal. Programs include: screening/assessment; ambulatory detox; tobacco dependancy; rehab; counseling; family program; youth programs; extended care; aftercare; anger management for adults and children (ages 6-12); adult children of alcoholics, children affected by chemical dependancy; relapse prevention; gambling; women's recovery; and acupuncture. Demand for these programs has continued to increase since 2000. With the reorganized service format, admissions have increased by 28 per cent.

Services	2000-2001	2001-2002	2002-2003
Ambulatory Detox	193	277	383
Tobacco Dependancy	34	174	129
Provincial Addictions Facility Admissions	39	187	198

Tobacco Dependency Program

The Tobacco Dependancy program started as a two-year pilot project program in January 2001 and has now become core programming. This program provides intensive interventions designed to help nicotine dependent smokers quit tobacco use. The program is delivered by nurses who provide individual counseling and group sessions. During the past year, 129 participants were admitted to the program. Of these, 62 per cent were female.

Student Assistance Programs (SAP)

These student-centred programs are co-facilitated by staff of the Western School Board. Three types of groups are offered including: ① Challenge Group designed for students who are harmfully involved with substance abuse; ② Friendship Group aimed to assist students who are affected by the substance abuse of others including family or friends; and ③ Education Group organized to provide students with information about the effects of alcohol and other forms of drug abuse.

School	Date	SAP Type	# of sessions	# of participants
Kensington Int/Sr. High	Oct 02 - Dec 02	Challenge	12	12
Three Oaks	Dec 02 - Feb 03	Challenge	12	6
Three Oaks	Dec 02 - Feb 03	Friendship	12	7
Amherst Cove	Dec 02 - Feb 03	Education	12	25
Parkside	Jan 03 - Apr 03	Friendship	12	20
Elm Street	Jan 03 - Apr 03	Friendship	12	20
Miscouche	Feb 03 - Apr 03	Education	12	20
EAP Slemon Park	Mar 03 - May 03	Friendship	12	13
Athena School	Mar 03 - May 03	Friendship	12	10
Three Oaks	Mar 03 - May 03	Education	12	10

Community Services

Purpose

In partnership with the community, Community Services develops, delivers, and evaluates programs focused on enhancing the health of populations in East Prince so that individuals, families and communities are supported in attaining and maintaining optimal health.

Services

- Income Support Services
- Public Health Nursing
- Evangeline Community Health Care
- Primary Health Care

Resources

Human (full time equivalents)	39
Financial	$10,542,700

Program Performance

Current and planned measures

- percentage of four year-olds assessed
- childhood immunization rates
- staff satisfaction
- client satisfaction
- prevalence of breastfeeding
- unit cost for child health assessments

Income Support Services

The Income Support Program continues to provide financial assistance to individuals and families who cannot provide for their own basic needs. Over the past year there has been a decline in client numbers by four per cent compared to last fiscal year.

Since a move to the Access PEI building on Harbour Drive in September, staff began to implement a strategic plan. Public input was gathered in an effort to provide the most efficient and effective services possible.

The Disability Support Program continues to support individuals with physical and intellectual disabilities and provides supports to foster integration in the community and for independent living. The implementation phase of the program is now complete and a program evaluation and client survey has begun. With 33 per cent of program clients participating in an employment vocational service, EPH can boast the highest percentage in the province.

Profile of Employment Services	2002-2003	2001-2002
Number or placements with Job Creation Program	120	117
Number of clients served by Employment Enhancement Program	374	370
Number of above who attended upgrading & GED prep classes	81	83
Number of above who worked for the City of Summerside with the Investment in Youth Program	10	13

In addition to the regular employment enhancement and job creation services offered by Employment Services, two new individual programs were developed this year: Parent Power II and Career Links.

Parent Power II is the second of its kind delivered through the East Prince Youth Development Centre. Ranging in age from 16 to 29 years, 10 single moms participated in community kitchens, volunteer work as well as computer training, academic upgrading and employment preparation. Participants also planned a parent fair at the mall and published an employment directory and recipe book.

Career Links is designed to provide a consistent and continuous service to clients who are having difficulty finding and keeping employment. Two staff provide one-on-one case planning to map client's goals and work within the community to market client's skills among local employers with optional job coach involvement. To date, many clients who had been experiencing multiple employment barriers are now employed.

Public Health Services

Partnerships for a Healthier Community

Public Health Nursing and Kids R First continue to offer a breast feeding support group for moms and babies. Community dieticians have also teamed up with Kids R First groups to discuss introducing solid foods to babies and the importance of proper timing of specific foods to prevent allergies and obesity . In the long term, this timing will also prevent cardiovascular disease, diabetes and will promote a lifetime of healthy eating. Three of these information sessions took place with 25 mothers attending in total.

Kids R First also worked with Public Health staff to organize a car seat safety clinic in November 2002. Other partners included Kids West, Highway Safety, Child and Family Services and community volunteers. Plans are to host this type of clinic twice yearly. The goal is to inform parents of proper car seat set-up in an effort to reduce injury from accidents because of improper set-up.

Wellness/health clinics continue to be popular among residents of the East Prince Health community. In April 2002, Public Health Nursing worked with the East Prince RCMP and the credit union in Borden-Carleton to provide 20 seniors with information on nutrition and healthy eating, finances and safety screening. Later in June, about 300 people were screened for blood pressures at the GST Centre in Summerside. Also, beginning in January 2003, the Provincial Pap Screening Clinic began offering monthly clinics to women of the community from the East Prince Health Centre in Summerside.

In the area of speech and language, EPH staff assisted in developing a speech and language public awareness campaign known as *Little Expressions Mean A Lot*. In other developments, speech language pathologists and occupational therapists now visit client's homes and early childhood care centers jointly. This benefits both professionals in reinforcing one another's messages as well as the parents in implementing the recommendations.

Evangeline Community Health Centre

Staff of the Evangeline Community Health Centre (ECHC) continue to partner with the community in its efforts to positively affect the determinants of health. Health education and information on lifestyles choices have been accentuated with many activities and involvement with community projects.

Along with other health and social service providers, a women's health clinic was hosted in May 2002 at the centre with 35 women participating. The same concept was organized at the Evangeline school with 36 teachers and staff receiving health information of interest to both women and men.

The focus of the second year of the Prevention of Type 2 Diabetes project, funded by Health Canada in partnership with the Francophone Women's Association (l'Association des femmes acadiennes et francophones de l'Î.-P.-É), was healthy eating and active living. In addition to several education sessions, French educational videos were produced featuring community members living with type 2 diabetes.

Over 100 people of Wellington participated in the PEI Stepping Out program promoted by the PEI Active Living Alliance. As a result of an increased number of walkers in the community, the Evangeline Recreation Commission made arrangements with the French School Board to allow people to walk in the school in early morning and evening.

Evangeline Community Health Centre continues to be involved in the Smoke Free Homes Project and make an extra effort raise awareness in the community. In fall 2002, 26.2 per cent of households made the commitment to make their homes smoke free.

In an effort to address recruitment and retention of staff, EPH is committed to providing training and job placements for future health professionals and current staff. During the year, distance education in French was made available for staff and students using technology at the Collège de l'Acadie at the Société éducative de L'Î.-P.-É. in Wellington.

Financial and Information Systems

Purpose

Financial and Information Systems support the sustainable delivery of quality client services through the following services:

Services

- Finance
- Information Technology

Resources

Human (full time equivalents)	20
Financial	$1,218,800

Finance

In 2002-2003, Financial Services was responsible for the accounting, budgeting, forecasting and financial reporting for seven health care programs including the hospitals, manors, Child and Family Services and Income Support of the region with an annual budget of $54 million.

East Prince Health has achieved a balanced operations budget for the second year. Provincial revenues generated in the region were $265,415 above budget with one of the main contributors to this financial success being the ability to respond quickly and collectively to financial pressures which arose.

During the year, Financial Services responded to a need for increased awareness and easier access to financial information by creating financial reports using desktop publishing software. Given the success, the Department of Health and Social Services has committed resources to develop this product in the other health regions. The project has the potential to save thousands of dollars.

Information Technology

Information Technology Services has managed the roll out of several new and upgraded IT systems. Major projects have included Radiology Information System (RIS), Picture Achieve and Communication System (PACS), Oracle 11i upgrade (Financial System), server consolidation project and phase one of Integrated Services Management (ISM).

Staff of both Financial Services and Information Technology Services have expended considerable resources in separating Prince County Hospital and East Prince Health budgets, staff and resources since restructuring was announced in April 2002. Staff will continue to support the newly formed PHSA, Prince County Hospital site and EPH until such time as a financial group is in place to assume these roles for the PHSA.

Highlights

- Financial Services managed a budget of $54 million for seven major program areas.
- Information Technology Services supports nine sites of 1,200 users and 24 file servers in a 24/7 operation with three full-time staff.
- On average, 400 monthly calls are received and supported.
- EPH houses more than 20 major pieces of software, many of a critical nature.

The following pages are the audited financial statements for East Prince Health during the fiscal year April 1, 2002—March 31, 2003.

East
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Health

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